Request for Qualifications

Project Evaluation Services for
Mississippi's Response to COVID-19
Supplement Grant Funds

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DATE: January 3, 2022

<u>Section A - Introduction</u>

The Mississippi Department of Mental Health (DMH) seeks an independent contractor to provide ongoing project evaluation services for Mississippi's Emergency Response to COVID-19 (MERC-19) project. DMH is utilizing competitive sealed Request for Qualifications (RFQ) to request and obtain Statements of Qualifications (SOQs) from interested parties. DMH is seeking the best combination of price, experience, and quality of service.

DMH receives federal funding for the MERC-19 project from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA). MERC-19 grantees (states and sub-recipients) are required to report a series of data elements that will enable SAMHSA to determine the impact of the program on one's acute or chronic mental health, substance use (including opioid use), and/or MAT needs; as well as determine the benefits of telehealth, teleMAT, and untraditional telecommunication allowances within the behavioral health treatment setting due to COVID-19. Grantees must report client level data on elements including but not limited to: diagnosis, demographic characteristics, substance use, services received, types of MAT received; length of stay in treatment; housing employment status, criminal justice involvement, and the significant impact the pandemic had on individuals served. Data will be collected by grantees via a face-to-face interview or telecommunication at four (4) data collection points: intake to services, three-month post-intake, six-month post-intake at discharge. Recipients will be expected to complete an interview on all clients in their specified unduplicated target number and are also expected to achieve a three-month follow-up rate of 80 percent and a six-month follow-up rate of 80 percent.

Project evaluation services must meet all applicable state and federal requirements for cross-site assessment, location evaluation, and reporting. DMH intends to select a vendor that has the proven experience and expertise to perform the services described in this request for qualifications (RFQ) within the allocated budget already approved by SAMHSA.

<u>Section B – Deadlines/Timelines</u>

RFQ Issue Date	January 3, 2022
SOQ Submission Deadline	January 19, 2022
Selection Completed	January 31, 2022

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Section C – Minimum Qualifications

The following minimum qualifications are required for the chosen vendor. These qualifications represent the specialized skills and past record of performance necessary to effectively perform the MERC-19 evaluation. Evidence that the proposed vendor meets the stated qualifications below must be submitted as part of the SOQ.

1. The successful vendor must maintain a sufficient number of employees with the expertise and experience (as outlined) to meet stated contractual obligations.

2. As required by SAMHSA, the successful vendor must have documented experience in the implementation of cross-site evaluation projects. Any publications (e.g., project annual and quarterly reports) should be submitted as appendices to the SOQ as evidence of the experience required.

3. The successful vendor must have documented experience in the utilization of SAMHSA's data collection and management tools. Again, any publications (e.g., project annual and quarterly reports) should be submitted as appendices to the SOQ as evidence of the experience required.

Section D - Description of Services to Be Provided

Ongoing project evaluation services for the MERC-19 project are to be provided in accordance with the approved MERC-19 Project Proposal, specifically Section D: Data Collection and Performance Measurement (See Appendix A). The MERC-19 state evaluator will collect and report data on all required performance measures using the designated data collection tools, GPRA, WITZ, MS data warehouse, Google docs, and proprietary prevention surveys, in addition to instruments to be developed under MERC-19. Project evaluation services must include, but are not limited to, process, performance, and outcome evaluation to meet the overall evaluation goals. This involves measures at the federal, state, and sub-recipient level.

The evaluator will have expertise in, or the capacity to learn, the use of data collection tools required by the State and/or federal government (i.e., GPRA, WITZ, etc.), the ability to train local staff on the use of these tools, and familiarity with the Mississippi treatment infrastructure. Client demographic information (e.g., gender, race, living situation, income), planned and actual treatment activities, recovery services, and other relevant points of data will be gathered. In addition, these instruments will be used to analyze the degree to which the program reduces health disparities in service access (intervention proximity, convenience, suitability, etc.), service use (enrollment, retention, dosage, etc.), and outcomes (health impacts).

The evaluator will collaborate with the project team to create a Disparities Impact Statement (DIS) that clearly assesses grant-related health disparities by race, age, sub-state region, rural/urban locale, etc. The DIS will be structured to align with the project work plan.

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Data will help assess progress toward the achievement of proposed goals, objectives, and outcomes and to monitor any necessary adjustments as implementation proceeds. The evaluator will have a record of managing and reporting all data in compliance with SAMHSA protocols (e.g., incentive systems to maximize data collection, data security protocols, timely data entry, 80% follow-up rate, and cooperation with a cross-site evaluation team). Because there are multiple categories of services or service combinations eligible to be supported by MERC-19 funds, the evaluator must adhere to variable category-specific reporting requirements as applicable. The state evaluator will establish a project and data Management Information System (MIS) to ensure that all key implementation processes and outcomes are carefully monitored. Discrete activities and achievements (staff hired and certified, numbers and types of clients served, etc.) will be mapped onto the MIS. Client and service provider performance and outcomes must also be monitored to assess the magnitude of effects in relation to service category, intensity of service receipt, and potential mediating factors (race ethnicity, gender, etc.). Consistent with continuous quality improvement (CQI) standards, monthly reporting meetings will be held between the evaluator and project team to ensure correspondence between MIS benchmarks and actual implementation activities/achievements. Should fidelity threats emerge, options for remediation will be considered, prioritized, and selected with GPO input.

Reports to the DMH and SAMHSA will feature various statistical techniques. Univariate descriptive statistics such as frequencies (cumulative totals) and means (averages) will be used to track the number and types of clients served and related achievements. More sophisticated repeated measure analyses will gauge program effectiveness. Thus, t-tests with statistical significance will be used to determine the direction and magnitude of client change over time, as well as the degree of confidence associated with such changes (e.g., $p < .05$). Multivariate statistical techniques (e.g., regression) will be enlisted to determine if effects are observed consistently across social groups by race, gender, age, etc. Multivariate techniques are useful for ascertaining the presence and persistence of health disparities in client access to care, service utilization, and outcomes across social groups. The evaluator will also attend to considerations of validity (measurement accuracy) and reliability (consistency of results) throughout the project.

Upon execution of a contract, the successful vendor will:

1. Ensure that the MERC-19 Project Evaluation Goals are assessed and reported to all state and federally required reporting entities.

2. Collect, analyze, and report all state and sub-recipient level performance measures required by the State and/or SAMHSA.

3. Provide training and technical assistance to sub-recipients as requested by the DMH MERC-19 Project Director (i.e., Senior Project Manager and Project Manager).

4. Serve as the Subject Matter Expert (SME) for project evaluation – both state and local.

5. Attend grantee meetings as required by DMH and/or SAMHSA.

Section E - Type of Contract and Service Timelines

DMH seeks to reach an agreement with one vendor as an independent contractor to provide continuing project evaluation services for the DMH's, Mississippi's Emergency Response to COVID-19 (MERC-19) project. Funding for the project is awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA), and runs from January 31, 2022 to January 30, 2024.

To ensure continuity in project evaluation services, DMH seeks to enter into one contract with one vendor for the twelve (12) months. DMH expects project evaluation services to be initiated upon execution of an approved and signed contract.

Section F - Method of Pricing

Pricing for this project is set by DMH as approved and funded by SAMHSA. The chosen evaluator will be paid at a rate of $145.00 per hour, not to exceed a total 514 work hours invested by the evaluation team; for a total of $74,530 for the twelve (12) months of the project term.

Section G – Evaluation of Statements of Qualifications

Through an established evaluation committee, DMH will evaluate each SOQ submitted as set forth in Section C. Utilizing a one hundred (100) point scale, SOQs will be evaluated on the following criteria:

1. ***Qualifications of project personnel (up to 60 points)***: General qualifications of personnel identified to participate in the description of services to be provided as defined in this RFQ.

2. ***Relevant experience (up to 25 points)***: Experience of project team with projects of similar type and scale.

3. ***Past performance (up to 15 points)***: If a proposed vendor has done prior work for DMH, an award of up to 15 points will be made based on past performance. This will include adherence to deadlines, attendance at meetings with DMH personnel, and quality of work.

Section H - Submission of Statements of Qualifications (SOQ)

The following must be included and/or addressed in the SOQ:

- Name of proposed vendor, location of business, and place of performance of the contract.
- Age of business and average number of employees over the past year.

- Qualifications, including licenses, certifications, and education of all persons who would be assigned to provide the services outlined in Section C – Description of Services to Be Provided.
- Listing of other contracts, agreements, and projects under which similar services in scope are performed. This listing must include the name of the project, brief project description, and the length of time respondent has been engaged in the project.
- Section B – Minimum Qualifications – items 1-3.

Any page of the SOQ, inclusive of the appendices, that the proposed vendor considers containing proprietary data should be **clearly** marked in the upper right-hand corner with the word "CONFIDENTIAL."

Proposed vendors should submit 2 hard copies of the SOQ (including any appendices) to DMH. Additionally, an electronic version identical to the hard copies should be submitted on a USB flash drive/thumb drive. Both hard copies and the USB drive should be submitted in one sealed package. The following format must be utilized for the hard copies:

- All margins should be one inch.
- Font must be Times New Roman 12pt.
- Each page of the SOQ and all attachments shall be identified with the name of the proposed vendor.
- Pages should be numbered in the bottom right.

All submissions must be received by the Mississippi Department of Mental Health by **4:00 p.m. CST on Wednesday, January 19, 2022. SOQs received after the specified time may be rejected and returned to the offeror unopened.**

Address all submissions to:
Mississippi Department of Mental Health
Attention: Toni Johnson
239 North Lamar Street, Suite 1102
Jackson, MS 39201

Other Conditions:

1. The release of this RFQ does not constitute an acceptance of any offer, nor does such release in any way obligate DMH to execute a contract with any other party. DMH reserves the right to accept, reject, or negotiate any or all offers on the basis of the evaluation criteria contained within this document. The final decision to execute a contract with any party rests solely with DMH.

2. DMH accepts no responsibility for any expense(s) incurred by the proposed vendor in the preparation and presentation of an offer. Such expense(s) shall be borne exclusively by the proposed vendor.

Appendix A
Section D: Data Collection and Performance Measurement

The MERC-19 state evaluator (as leader of the evaluation team) will collect and report data on all required performance measures using the GPRA Tool and proprietary prevention surveys, including instruments to be developed under MERC-19. The evaluator will have expertise on GPRA Tool administration, previous experience training and supporting local staff on this tool, and familiarity with the MS treatment infrastructure. The GPRA Tool permits face to-face data collection at service intake, six-month follow-up, and discharge. This tool will be used to collect data on (1) abstinence from use, (2) housing status, (3) employment status, (4) criminal justice system involvement, (5) access to services, (6) retention in services, and (7) social connectedness. The GPRA Tool also features client demographic information, planned treatment activities, actual treatment activities, etc. These instruments will also be used to analyze the degree to which the program reduces health disparities in (1) service access (intervention proximity, convenience, suitability, etc.), (2) service use (enrollment, retention, dosage, etc.), and (3) outcomes (health impacts). The evaluator will collaborate with the project team to ensure that all required activities are implemented in a rigorous and effective fashion. As needed, proprietary surveys will be developed by the program evaluator.

Data will be used to assess progress toward the achievement of proposed goals, objectives, and outcomes and to monitor any necessary adjustments as implementation proceeds. The intended impact on behavioral health disparities will also be ascertained. The evaluator will have a record of managing and reporting all data in compliance with SAMHSA protocols (e.g., incentive systems to maximize data collection, data security protocols, timely data entry, 80% GPRA follow-up rate, and cooperation with a cross-site evaluation team). Because there are multiple categories of services or service combinations eligible to be supported by MERC-19 funds, the evaluator will adhere to category-specific reporting requirements as feasible.

The state evaluator will establish a project MIS (Management Information System) to ensure that all key implementation processes and outcomes are carefully monitored. Discrete activities and achievements (staff hired and certified, numbers and types of clients served, etc.) will be mapped onto the MIS. Client outcomes will also be carefully monitored and will permit assessments of the magnitude of effects (impacts) in relation to (1) service category, (2) intensity of service receipt, and (3) potential mediating factors (race-ethnicity, gender, etc.). Consistent with continuous quality improvement (CQI), monthly reporting meetings will be held between the evaluator and project team to ensure correspondence between MIS benchmarks and actual implementation activities/achievements. Should fidelity threats emerge, options for remediation will be considered, prioritized, and selected with GPO input.

Reports to the state and SAMHSA will feature various statistical techniques. Univariate descriptive statistics such as frequencies (cumulative totals) and means (averages) will be used to track the number and types of clients served and related achievements. More sophisticated repeated measure analyses will gauge program effectiveness. Thus, t-tests with statistical significance will be used to determine the direction and magnitude of client change over time, as well as the degree of confidence associated with such changes (e.g., $p < .05$). Multivariate statistical techniques (e.g., regression) will be enlisted to determine if effects are observed consistently across social groups by race, gender, age, etc. Multivariate techniques are useful for ascertaining the presence and persistence of health disparities in client access to care, service utilization, and outcomes across social groups. The evaluator will also attend to considerations of validity (measurement accuracy) and reliability (consistency of results) throughout the project. The evaluator will recognize that SAMHSA requires project midpoint and endpoint reporting, through a designated federal tracking portal. All reporting will be delivered in a

manner that delineates accomplishments and barriers, as well as efforts to overcome the barriers, consistent with FOA reporting mandates.